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## Facsimile Transmittal

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FEB 23 2006

**To:** United States Patent and Trademark Office**Telephone:****Fax:** 571 273-8300**From:** Paul Davis**Telephone:** 650-324-7041**Direct Fax:** 650-324-0638**No. of Pages:** 10 (including cover)**Date:** February 23, 2006

39230-0705 (4983)

**Message:****Inventor:** Atanackovic**Group Art Unit:** 2815**Application No.:** 10/852,912**Examiner:** Jackson, Jr., Jerome.**Filed:** 04/16/2004**For:** Device with Optical Gain in Silicon

1. **Transmittal Form**
2. **Response to Restriction Requirement**

**OFFICIAL FILING**

SV 2177979 v1  
2/23/06 10:44 AM (39898.1026)

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FEB 23 2006

Please type a plus sign (+) inside this box ☐

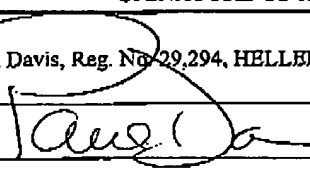
PTO/SB/21 (6-99)

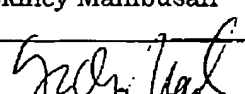
Approved for use through 09/30/2000. OMB 0651-0031  
Parent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/852,912	
	Filing Date	04/16/2004	
	First Named Inventor	Atanackovic	
	Group/Art Unit	2815	
	Examiner Name	Jackson, Jr., Jerome	
Total Number of Pages in This Submission	9	Attorney Docket Number	39230-0705

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> FCC Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> Preliminary <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input checked="" type="checkbox"/> Small Entity Status Claimed <input type="checkbox"/> Statement under 3.73(b)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Status Letter <input type="checkbox"/> Additional Enclosure(s) (please identify below):
Remarks AUTHORIZATION TO CHARGE DEPOSIT ACCOUNT 08-1641 FOR ANY FEES DUE IN CONNECTION WITH THIS PAPER.		

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT		
Firm or Individual name	Paul Davis, Reg. No. 29,294, HELLER EHRMAN LLP	
Signature		
Date	February 23, 2006	Customer Number: 25213

CERTIFICATE OF FACSIMILE TRANSMISSION		
I hereby certify that this correspondence is being transmitted to the U.S. Patent and Trademark Office via facsimile to (571) 273-8300 and addressed to U.S. Patent and Trademark Office, Washington, D.C. 20231 on the date indicated below.		
Typed or printed name	Sidney Manibusan	
Signature		Date: February 23, 2006

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02/23/2006 11:15 FAX 650 324 0638

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# COMBINED FEE TRANSMITTAL for FY 2005

*Effective 12/08/2004. Patent fees are subject to annual revision.*

PTO/SB/17 (12-04) (Revised) (For payment of 37 CFR 1.17 fees including (D), (G), (H), & (I))

☒ Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT (\$)** 60

**FEB 23 2006**  
Complete if known

Application Number	10/852,912
Filing Date	04/16/2004
First Named Inventor	Atanackovic
Examiner Name	Jackson, Jr., Jerome
Art Unit	2815
Attorney Docket No.	39230-0705

## METHOD OF PAYMENT (check one)

☐ Check    ☐ Credit card    ☐ Money Order    ☐ Other    ☐ None  
☒ Deposit Account

Deposit Account Number: **08-1641**

Deposit Account Name: **Heller Ehrman LLP**

The Commissioner is authorized to: (check all that apply)

☒ Charge fee(s) indicated below  
☒ Credit any overpayments and charge any deficiencies  
☐ Charge any additional fee(s) during the pendency of this application  
☐ Charge fee(s) indicated below, except for the filing fee to the deposit account

## FEE CALCULATION (continued)

<b>4. PETITION FEES UNDER 37 CFR 1.17 (f)</b> Fee Code: 1462    Fee \$ 400    For petitions filed under: § 1.53(e); § 1.57(a); § 1.182; § 1.183; § 1.378(e); § 1.741(b)	Fee Paid
<b>5. PETITION FEES UNDER 37 CFR 1.17 (g)</b> Fee Code: 1463    Fee \$ 200    For petitions filed under: § 1.12; § 1.14; § 1.47; § 1.59; § 1.103(a); § 1.136(b); § 1.295; § 1.296; § 1.377; § 1.550(c); § 1.936; § 5.12; § 5.15; § 5.25	Fee Paid
<b>6. PETITION FEES UNDER 37 CFR 1.17 (h)</b> Fee Code: 1464    Fee \$ 130    For petitions filed under: § 1.19(g); § 1.84; § 1.91; § 1.102(d); § 1.138(e); § 1.313; § 1.314	Fee Paid
<b>7. PROCESSING FEES UNDER 37 CFR 1.17 (i)</b> Fee Code: 1808 (1803 for § 1.221)    Fee \$ 130    For petitions filed under: § 1.28(c)(3); § 1.41; § 1.48; § 1.52(d); § 1.53(b)(3); § 1.55; § 1.99(c); § 1.103(b); § 1.103(c); § 1.103(d); § 1.217; § 1.221; § 1.291(c)(5); § 1.497(d); § 3.81	Fee Paid

## FEE CALCULATION

### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

	FILING FEES		SEARCH FEES		EXAMINATION FEES		
Applicant on Type	Entity Fee (\$)	Small Entity Fee (\$)	Entity Fee (\$)	Small Entity Fee (\$)	Entity Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	135	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**SUBTOTAL (1)** \$ 0

### 2. EXTRA CLAIM FEES

Entity Fee (\$)	Small Entity Fee (\$)	Fee Description
50	25	Each claim in excess of 20 or, for Reissues, each claim in excess of 20 and more than in the original patent
200	100	Each independent claim in excess of 3 or, for Reissues, each independent claim more than in the original patent
360	180	Multiple dependent claim, if not already paid

Extra Claims		Fee from above		Fee Paid	
Total Claims	-20** =		x		=
Independent Claims	-3** =		x		=

\*For number previously paid, if greater; For Reissues see below

Multiple Dependent    ☐    =    ☐

**SUBTOTAL (2)** \$ 0

### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof (round up to the whole number). See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s)

Total Sheets	Extra Sheets	Number of each additional 50	Fee (\$)	Small Entity Fee (\$)
-100 =	/50 =		x 250 OR x 125	

**SUBTOTAL (3)** \$ 0

### 8. OTHER FEES

Entity Fee (\$)	Entity Fee (\$)	Fee Description	Fee Paid
130	65	Surcharge - late filing fee or oath	
50	25	Surcharge - late provisional filing fee or cover sheet	
130	130	Non-English specification	
2,520	2,520	For filing a request for <i>ex parte</i> reexamination	
920*	920*	Requesting publication of SRR prior to Examiner action	
1,840*	1,840*	Requesting publication of SRR after Examiner action	
120	60	Extension for reply within first month	60
450	225	Extension for reply within second month	
1,020	510	Extension for reply within third month	
1,590	795	Extension for reply within fourth month	
2,160	1,080	Extension for reply within fifth month	
500	250	Filing a brief in support of an appeal	
790	395	Filing a submission after final rejection (37 CFR 1.129(n))	
1,510	1,510	Petition to institute a public use proceeding	
500	250	Petition to revive - unavoidably abandoned application	
1,500	750	Petition to revive - unintentionally abandoned application	
50	50	Processing fee for provisional apps (37 CFR 1.17(q))	
180	180	Submission of Information Disclosure Statement	
1,000	500	Request for oral hearing	
790	395	For each additional invention to be examined (37 CFR 1.129(b))	
790	395	Request for Continued Examination (RCE)	
900	900	Request for expedited examination of a design application	

Other fee (specify) \_\_\_\_\_

**SUBTOTAL (4+5+6+7+8)**

\$ 60

\* Reduced by Basic Filing Fee Paid

## SUBMITTED BY

Name (Print/Type) **Paul Davis**

Registration No. (Attorney/Agent) **29,294**

## Complete (if applicable)

Telephone **650 324-7000**